

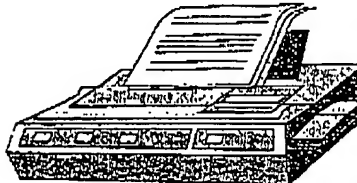
APR 15 2005

CONTROL NUMBER: _____

Rev. 12/8/97

GIBBONS, DEL DEO, DOLAN, GRIFFINGER & VECCHIONE

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
ONE RIVERFRONT PLAZA
NEWARK, N.J. 07102-5497



(973) 596-4500
TELECOPY (973) 596-0545
CABLE-TELEX: 138154

TELECOPY REQUEST FORM

TELECOPY NUMBER: 703-872-9306 CONTACT NUMBER: _____

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: USPTO, Attn: Group Art Unit 1610

FROM: R. Hain Swope

RE: 99999 - 02698 DATE: 4/15/2005
Client Matter

TOTAL NUMBER OF PAGES TRANSMITTED, INCLUDING THIS SHEET: 3

TRANSMITTED BY: _____ TIME OF TRANSMISSION: _____

MESSAGE:

Attn: Group Art Unit: 1616

U.S. Serial No.: 10/722,763; Filing Date: November 28, 2003

Please see the attached Power of Attorney to be placed in the file for the above referenced serial number.

*****CONFIDENTIALITY NOTE*****

The documents accompanying this telecopy transmission contains information from the law firm of Gibbons, Del Deo, Dolan, Griffinger & Vecchione which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this firm immediately. In this regard, if you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.

IF YOU DO NOT RECEIVE ALL OF THE PAGES INDICATED ABOVE, PLEASE CALL US AS SOON AS POSSIBLE.

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0551-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

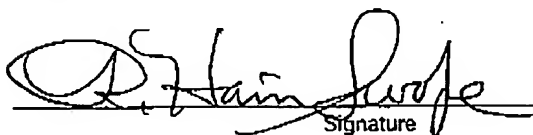
U.S. Serial No.: 10/722,763

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on April 14, 2005

Date


Signature

R. Hain Swope, Reg. No. 24,864

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

- 1) Power of Attorney
- 2) Fax Cover Sheet

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.

04/13/2005 17:59 6143402322

APR 15 2005 VENTAIRA PHARMA

PAGE 01

PTO/SB/81 (09-03)

Approved for use through 1/30/2005. OMB 0521-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/722,763
Filing Date	November 28, 2003
First Named Inventor	Ada S. Cowan
Title	Pulmonary delivery of a liquid medication aerosol
Art Unit	1616
Examiner Name	TBA
Attorney Docket Number	22,205

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26345

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Leslie J. Williams President & CEO		
Signature	<i>Leslie J. Williams</i>		
Date	4/13/05	Telephone	64-340-2332

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.